

NONAPPROPRIATED FUND - INSERVICE APPLICATION

(AE Reg 215-3)

Data Required by the Privacy Act of 1974**Authority:** 5 USC 301**Principal Purposes:** Provide management information concerning the employee's desire to be considered for position vacancies announced and provide employee applicants information on the disposition of their application.**Routine Uses:** Used as an application form by current employees for consideration against announced vacancies. Also used to inform unsuccessful applicants on the results of their applications. Information from records may be used in preparing reports, responding to correspondence, responding to grievances and complaints related to questions of qualifications, determinations, and nonselection for specific positions.**Mandatory or Voluntary Disclosure and Effect on Individual not Providing Information:** Voluntary. Failure of the employee to provide requested information will deny employee explanation as to the results of his or her application.**Instructions**

Employees will complete parts A and C of this form and send it, in duplicate, to the address indicated on the vacancy announcement. After completing the placement action, the civilian personnel office will complete part B and return one copy with an explanation to employee applicants. Employees will be rated based on data in their official personnel folder. Although not required, employees may want to update their folder if it does not clearly show all education, training, and experience, particularly that which is related to the job for which they are applying. To update their folder, employees may submit a completely new DA Form 3433 (Optional Application for Nonappropriated Fund Employment) or submit data on a DA Form 3433-1 (Supplemental Employment Application Form), giving complete information on the education, training, and experience to be added to their folder. As a minimum, the information should show the starting and ending dates (month and year), name of employer or education or training instructions, hours per week worked, percentage of time spent on each different kind of work, and an official transcript for any education. Official transcripts will be returned to employees. If employees claim experience different from that to which they were assigned as NAF employees, the supervisor also must complete a statement that the employee performed the duties claimed in addition to or in place of the duties to which they were officially assigned during the period.

Part A (To be completed by applicant)

1. Name (last, first, MI)	2. Office telephone number	3. Vacancy announcement number
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4. Title, series, and grade of position for which applying	5. Organization and location of vacant position
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6. Check appropriate block:

- ☐ Determine my qualifications based on data already in my official personnel folder.
- ☐ Use the attached data plus that in my official personnel folder to determine my qualifications.

Signature: _____**Date:** _____**Part B (To be completed by personnel office specialist)**

- | | |
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| <p><input type="checkbox"/> You can only be considered for one vacancy per application.</p> <p><input type="checkbox"/> You do not meet the minimum qualification requirements for the position.</p> <p><input type="checkbox"/> The position vacancy has been canceled.</p> <p><input type="checkbox"/> Non-DOD candidates were not considered.</p> <p><input type="checkbox"/> Your application was rated and determined to be among the best qualified and, therefore, referred to the selecting official.</p> <p><input type="checkbox"/> You were selected.</p> | <p><input type="checkbox"/> Your application was postmarked and received after the closing date.</p> <p><input type="checkbox"/> You were determined to have insufficient specialized experience.</p> <p><input type="checkbox"/> Your application was not among the best qualified.</p> <p><input type="checkbox"/> You requested your application be withdrawn.</p> <p><input type="checkbox"/> You are not currently eligible for a position at this grade level.</p> <p><input type="checkbox"/> Other (Specify). _____</p> |
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Signature of personnel office specialist: _____**Date:** _____**Part C (To be completed by applicant)****Return to:**

**Type or print your
mailing address
(see reverse)**

Fold here

DOD OFFICIAL INTRA-THEATER MAIL

Official Business

RETURN TO:

**AREA SUPPORT GROUP
CIVILIAN PERSONNEL OFFICE (NAF BR)
UNIT/CMR NUMBER
APO AE _____**